

# Missouri Senior Rx Program

**Applications must be postmarked on or before February 28, 2004**

Plan Year July 1, 2004 - June 30, 2005

Please complete application in black ink and fill in circles completely.

## SECTION 1 CURRENT MARITAL STATUS

NOTE: Mark Qualifying Widow(er) only if your spouse died on or after January 1, 2003 AND had income during 2003.

☐ Qualifying Widow(er)   ☐ Single / Widowed / Divorced   ☐ Married   ☐ Married, Living Separately for all of 2003

## SECTION 2 APPLICANT INFORMATION

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (including apartment number)		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
County	Telephone Number	
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
Social Security Number (optional)	Date of Birth (MM/DD/YYYY) (Documentation Needed)	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
	Gender	<input type="radio"/> Male <input type="radio"/> Female
Race - please select one (optional) <input type="radio"/> African American <input type="radio"/> Asian <input type="radio"/> Hispanic <input type="radio"/> Native American <input type="radio"/> White <input type="radio"/> Other		

## SECTION 3 ADDITIONAL INFORMATION

- ☐ Yes   ☐ No   By July 1, 2004 will you have resided in Missouri for at least 12 months?
- ☐ Yes   ☐ No   Are you receiving pharmacy benefits from the Veterans Administration?
- ☐ Yes   ☐ No   Have you voluntarily withdrawn from an employer sponsored pharmacy plan in the last 6 months?

What were your prescription drug costs in 2003? \$  ,    .

## SECTION 4 INSURANCE INFORMATION

Complete this section **ONLY** if you currently have insurance that covers prescription drugs.

Please include a copy of the front and back of that card.

(Discount drug cards and Missouri Senior Rx Program cards should **NOT** be listed)

Current Prescription Insurance Company:	Name of Primary Insurance Company:	<input type="text"/>
	Primary Group Policy Number:	<input type="text"/>
	Primary Individual Identification Number:	<input type="text"/>

Application continued on back. Please complete the entire application. 

For internal use only

Enrollment Partner #

Internal Use Only

A - Yes ☐ No ☐   R - Yes ☐ No ☐   H - Yes ☐ No ☐

## Missouri Senior Rx Program

First Name

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MI

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Last Name

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**SECTION 5 INCOME INFORMATION**

**Married couples:** If you are married, you must report your combined household income. This is required even if your spouse is not applying. You may claim the \$2,000 marital deduction.

**Married living separately:** If you are married, and living separately from your spouse during all of 2003, report only your income. You may not claim the \$2,000 marital deduction.

**Qualifying widow(er):** If your spouse died on or after January 1, 2003 AND had income during 2003, you must report both your income and your spouse's income and you may claim the \$2,000 marital deduction.

**All other applicants:** You only need to report your own income. You may not claim the \$2,000 marital deduction.

1. Total 2003 Household Income - (See box below)

\$ 

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0	0
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2. Marital Deduction - Enter \$2,000 if you selected "Married" or "Qualifying Widow(er)" in Section 1. Enter \$0.00 if you selected "Single/Widowed/Divorced" or "Married, Living Separately for all of 2003".

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3. Net Household Income (subtract line 2 from line 1)

= \$ 

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0	0
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**What to include in "Household Income"**

- Social Security (including Medicare premiums), railroad retirement, and veteran benefits payments. Note: If your veteran's pension is related entirely to a service connected disability, you are not required to report it.
- All other public and private pensions and annuities
- Public relief, public assistance, and unemployment benefits
- Wages, salaries, and tips
- Dividends and taxable and non-taxable interest
- Alimony
- Income or loss from a trade or business

- Capital gains
- Income from rents and royalties
- Income from partnerships, S-corporations and trusts
- Income from farming

**What not to include in "Household Income"**

- Non-taxable income such as gifts, inheritances and income from the sale of your personal residence
- Missouri property tax credit refunds
- Losses not incurred in a trade or business
- Payments under the Foster Grandparents Program

**SECTION 6 STATEMENT OF UNDERSTANDING AND SIGNATURE**

I certify and attest that the information I provide on this application, along with any supporting documentation, is true and accurate, to the best of my knowledge. I understand that this information is subject to verification, (including information matching with other state and federal agencies, such as the Missouri Department of Revenue) and hereby authorize the Missouri Senior Rx Program to obtain or release any necessary information to determine my eligibility for the Program. I understand if I refuse to cooperate with any request for information, I may be denied benefits or terminated from the Program. I further understand if I knowingly falsify information, or attempt to defraud the Program, I will be subject to the penalties in section 208.556.9, RSMo.

**PLEASE SIGN**

\_\_\_\_\_  
Applicant's Signature

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Date of Application (MM/DD/YYYY)

Pursuant to section 208.556.9, RSMo, your application and documentation are confidential and will not be disclosed for any purpose that is not related to the Missouri Senior Rx Program. The Commission reserves the right to adjust any and all program requirements and benefits for cost control or to restrict eligibility as a last resort for cost control.

**Mail the application to the Missouri Senior Rx Program, P.O. Box 502328, Atlanta, GA 31150-2328 in the enclosed envelope (be sure to include appropriate postage). Your application must be postmarked on or before February 28, 2004.**

**DO NOT send any checks or money with your application.**